

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 109Registered No. 471

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 832 Smith St St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Elvorn Matton { If child is not yet named, make supplemental report, as directed.3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? yes 7. Date of birth Oct. 2 - 1929 Month Day Year8. FATHER Full name Carl Newton Matton9. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona10. Color or race Cauc. 11. Age at last birthday 31 (Years)12. Birthplace (city or place) Boise (State or country) Idaho13. Occupation Nature of Industry Painter14. MOTHER Full maiden name Agnes Sartain15. Residence (Usual place of abode) Miami If non-resident, give place and state. Arizona16. Color or race Cauc. 17. Age at last birthday 23 (Years)18. Birthplace (city or place) Pomeroy (State or country) Wash.19. Occupation Nature of Industry Housewife20. Number of children of this mother 4 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:25 a.m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byrle M. BrownPhysician (Physician or midwife).Given name added from a supplemental report. Address Miami, Arizona

Month, day, year

Filed Oct 12, 29 Registrar

Registrar

245-1002-105